

William D. Hamker

Attorney and Counselor at Law

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*Board Certified in
Personal Injury Trial Law
By the Texas Board
of Legal Specialization*

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February 11, 2020

BY CM, RRR 7013 2630 0002 1241 3652

Sandra Hollie
United States Postal Service
Tort Claims Coordinator
P.O. Box 162166
Ft. Worth, Texas 76161-2166

RE: MY CLIENT: Creston Bolden
YOUR INSURED: Jessica Bush and US Postal Service
CLAIM NO.: 760-19-00423970A
DATE OF LOSS: 2-11-19

Dear Ms. Hollie:

Please find enclosed the executed Claim for Damage, Injury, or Death, along with attachments, pertaining to Ms. Creston Bolden's bodily injury claim.

Please note, at the time Ms. Bolden was driving her vehicle she was wearing a seatbelt. The impact was on the front of the vehicle and the rate of speed upon impact was approximately 45 mph. During the collision, Ms. Bolden was struck on the posterior head, the back, the face and the anterior head. The impact force caused Ms. Bolden's cervical, thoracic and lumbar spine to be exposed to high degrees of compression, sheering tension and rotational forces in rapid sequence, which was virtually instantaneous. It is the timing, or the lack of time, for the body to react to the forces that caused the injuries. She subsequently developed pain and continues to suffer pain in her upper back. She has even had to obtain a modified desk and new chair to work. Her longevity at work is suspect, and her hope to be pain free is bleak. She continues to suffer from headaches, loss of sleep, occasional spasms, swelling and pain.

I look forward to working with you in hopefully bringing about an amicable resolution to my client's claim.

Sincerely,

William D. Hamker

WDH/lan

Enclosures

cc: Creston Bolden

EXHIBIT "A"

CLAIM FOR DAMAGE,
INJURY, OR DEATH

INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.

FORM APPROVED
OMB NO. 1105-0008

1. Submit to Appropriate Federal Agency: TORT CLAIMS COORDINATOR PO BOX 162166 FORT WORTH, TX 76161-2166 CLAIM# 760-19-00423970A		2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code. CRESTON BOLDEN 1106 NW 20TH AVE. AMARILLO, TEXAS 79107 WILLIAM HAMKER 1800 S. WASHINGTON #110, AMARILLO, TX 79102	
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 3-3-95	5. MARITAL STATUS SINGLE	6. DATE AND DAY OF ACCIDENT MONDAY, FEBRUARY 11, 2019
		7. TIME (A.M. OR P.M.) APPX 11:53 AM	

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

IT WAS FEBRUARY 11, 2019, AT APPROXIMATELY 11:53 AM. MS. BOLDEN WAS TRAVELING WEST ON 45TH ST. IN AMARILLO, TEXAS WHEN JESSICA BUSH, WHILE DRIVING FOR THE POSTAL SERVICE, FAILED TO YIELD THE RIGHT-OF-WAY AT THE YIELD SIGN AND STRUCK MS. BOLDEN.

9.	PROPERTY DAMAGE
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code). CHARISS BOLDEN 1106 NW 20TH AVE, AMARILLO, TX 79107	

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.
(See Instructions on reverse side).

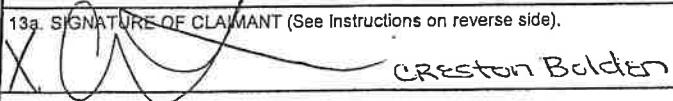
PROPERTY DAMAGE WAS SETTLED

10.	PERSONAL INJURY/WRONGFUL DEATH
STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEASED. MS. BOLDEN SUSTAINED INJURY TO HER NECK, BACK AND CHEST. SHE ALSO INJURED HER LEFT WRIST, LEFT KNEE AND HAS HAD HEADACHES. HER NOSE WAS ALSO HURT.	

11.	WITNESSES	
	NAME	
	ADDRESS (Number, Street, City, State, and Zip Code)	
	CRESTON BOLDEN 1106 NW 20TH AVE., AMARILLO, TX 79107	
	JESSICA BUSH, OTHER DRIVER 1705 S. JACKSON, AMARILL, TX 79102	

12. (See Instructions on reverse).	AMOUNT OF CLAIM (In dollars)		
12a. PROPERTY DAMAGE N/A	12b. PERSONAL INJURY \$77,310.00	12c. WRONGFUL DEATH N/A	12d. TOTAL (Failure to specify may cause forfeiture of your rights). \$77,310.00

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See Instructions on reverse side).  Creston Bolden	13b. PHONE NUMBER OF PERSON SIGNING FORM 806-420-2887	14. DATE OF SIGNATURE 2-10-20
.CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM	CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS	
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident insurance? Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? Yes No

17. If deductible, state amount.

N/A

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

N/A

19. Do you carry public liability and property damage insurance? Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in Item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in Item number 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims. C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information. D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

POWER OF ATTORNEY

I, Creston Bolden, hereby assign my attorney, William D. Hamker, Power of Attorney to negotiate any issues and/or for settlement of my claim arising out of the accident on February 11, 2019 with the US Postal Service.

SIGNED on this the 10th day of FEBRUARY, 2020.

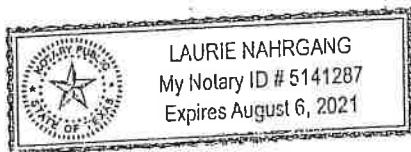

CRESTON BOLDEN

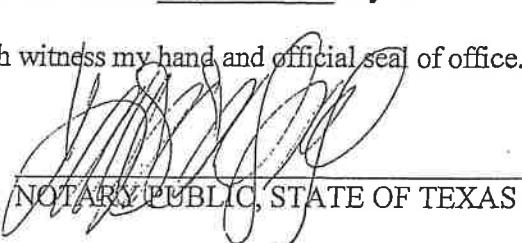
STATE OF TEXAS

COUNTY OF POTTER

SUBSCRIBED AND SWORN TO BEFORE ME on this 10th day of

FEBRUARY, 2020, to certify which witness my hand and official seal of office.




NOTARY PUBLIC, STATE OF TEXAS

THE STATE OF TEXAS

*

*

*

COUNTY OF POTTER

*

ATTORNEY RETAINER AGREEMENT

CLIENT(S): Creston Bolden

ON BEHALF OF: _____

1.00 The undersigned, hereafter referred to as "Client", does hereby agree individually and on behalf of the above-referenced individuals, if any, to retain the LAW OFFICE OF WILLIAM D. HAMKER hereafter referred to as "Attorney", as Client's Attorney to represent him/her with respect to all claims against whomever may have productive liability for damages and injuries suffered by the Client resulting from the incident which occurred or was discovered on or about 2-11-19 in Amarillo, TX, hereafter referred to as the "Claim".

1.01 The Client understands that if wrongful death and/or survival Claims are pursued, there may be one or more other legal beneficiaries of the decedent(s). The most expeditious way to proceed will be for each legal beneficiary to sign this agreement.

1.02 In the event Attorney represents multiple Clients, each Client acknowledges that potential conflicts of interest may arise among multiple Clients and that these conflicts have been explained. In the same regard, multiple Clients agree to waive confidentially among the Clients in the interest of pursuing a fair and reasonable recovery.

2.00 Client authorizes the Attorney, its agents and employees, to take all steps in this matter deemed necessary and appropriate to obtain a satisfactory result, including but not limited to, securing a complete investigation, proceeding to trial and/or discontinuing litigation. The Attorney agrees not to settle or compromise the case without the Client's approval. The Client agrees to cease all communications with all third parties regarding the subject matter of this claim without the Attorney's knowledge and consent.

3.00 Client agrees to pay the Attorney a fee, CONTINGENT ON WHAT IS RECOVERED in this matter by way of settlement, judgment or otherwise, to be computed as follows:

- (1) 20% of any award, compromise, or settlement; and
- (2) 25% of any judgment rendered.

IN ADDITION TO THE ABOVE FEES, Client shall pay to the Attorney, OUT OF CLIENT'S SHARE OF THE RECOVERY (there will be no reimbursement unless there is a recovery), all expenses advanced by the Attorney in connection with the Claim at the time of disposition of the case. The Attorney is authorized to incur those expenses he deems reasonable and necessary to accomplish a satisfactory resolution of the Claim and shall advance those expenses as incurred. Said expenses shall include, but not be limited to, travel and lodging, physician and/or expert witness fees, consultant fees, exhibit fees, exhibits, photography, videotape and long distance telephone calls. Long distance telephone calls are billed at a rate of \$3.75 each regardless of length; all copies are billed at \$.35 each, all other expenses are billed in the exact amounts incurred and will be documented for Client's review at the closing of any recovery on the case.

4.00 In the event that a structured settlement is negotiated, the Client approves and authorizes the Attorney's fee to be based upon the present value benefit of the structured settlement to the lien rather than upon the present market cost of such a settlement. (The present value benefit shall be determined by applying appropriate discount rates that consider the after tax benefits of the negotiated structured settlement to the Client). The Client understands that the present value benefit of a structured settlement to the Client might exceed the present market cost at which the defendant can purchase a structured settlement package. The Attorney retains the sole right to take its fee in cash at the time of settlement or in deferred payments, regardless of the manner in which the Client's recovery is paid.

5.00 The Client authorizes the Attorney to retain a lien on said cause of action, any proceeds, and any judgments recovered in such connection to the extent of any Attorney's fees and expenses.

6.00 The Client understands and agrees that any debts of the Client, including, but not limited to, expenses incurred for medical care, nursing, special aids and transportation, as well as any medical insurance and/or worker's compensation subrogations and/or hospital liens incurred as a result of the incident giving rise to the Claim shall not be borne by or apportioned to the Attorney in any way.

7.00 IF AT THE CONCLUSION OF THE CASE, NOTHING IS RECOVERED ON BEHALF OF THE CLIENT, THE CLIENT SHALL OWE THE ATTORNEY NEITHER A FEE NOR REIMBURSEMENT OF EXPENSES.

8.00 If, in the Attorney's opinion, a fair and reasonable settlement offer is made by a defendant and the CLIENT REJECTS THE ADVICE OF THE ATTORNEY TO SETTLE, the Attorney may WITHDRAW FROM THE CASE, retaining a lien on said cause of action, to the extent of the contracted ATTORNEY'S FEE on the proposed offer of settlement and EXPENSES INCURRED BY THE ATTORNEY TO THAT TIME.

9.00 IT IS UNDERSTOOD AND AGREED THAT THE ATTORNEY RETAINS THE RIGHT TO RELEASE ITSELF FROM THIS CONTRACT AND WITHDRAW FROM THE REPRESENTATION OF THE CLIENT, IF IT APPEARS TO THE ATTORNEY THAT CIRCUMSTANCES HAVE DEVELOPED WHICH WOULD HINDER CONTINUED EFFECTIVE LITIGATION OF THE CASE OR THAT A SUSTAINABLE OR COLLECTIBLE JUDGMENT CANNOT BE OBTAINED. IN THE EVENT OF SUCH A RELEASE, THE ATTORNEY WILL RETAIN A LIEN ON THE CASE ONLY TO THE EXTENT OF THE EXPENSES WHICH HAVE BEEN ADVANCED ON THE CLIENT'S BEHALF. THE CLIENT AGREES TO PROTECT SUCH EXPENSES OUT OF ANY RECOVERY ULTIMATELY OBTAINED IN THIS CASE. IF NO RECOVERY IS SUBSEQUENTLY OBTAINED THE CLIENT WILL NOT OWE THE ATTORNEY A FEE OR EXPENSES.

9.01 In the event that the Attorney determines that expert testimony is necessary and/or appropriate for the development and eventual trial or settlement of Client's lawsuit, and the Attorney cannot, after having used due diligence, obtain said expert testimony, it is within the Attorney's discretion to withdraw from employment on behalf of Client.

9.02 It is expressly understood and agreed that the Attorney additionally may withdraw from its employment on behalf of the Client, if the Client;

(a) Insists upon presenting a claim or defense that is not warranted under existing law and cannot be supported by good faith argument of an extension, modification, or reversal of existing law;

(b) Insists that the Attorney pursue a course of conduct that is illegal or that is prohibited under the disciplinary rules;

(c) By other conduct renders it unreasonably difficult for the Attorney to carry out its employment;

(d) Insists that the Attorney engage in conduct that is contrary to its judgment and advice, even if such conduct is not contrary to the disciplinary rules;

(e) Deliberately disregards an agreement with the Attorney's as to fees for services rendered and/or expenses.

9.03 The Attorney agrees to withdraw from representation of Client only for good cause and in the event of such withdrawal, the Attorney shall be entitled to all the compensation allowed by law.

10.00 Upon conclusion of Client's case, the Attorney shall provide Client with a written statement showing the amount of the gross recovery, if any, and showing the deductions taken for Attorney's fees and expenses. Client will be given a Firm Trust check for Client's share of recovery at the closing.

11.00 The Client authorizes the Attorney to retain and utilize exhibits, documents and materials developed in this case as teaching and demonstration aids in lectures and professional presentations and publications, subject to provisions being made for the protection of the Client's privacy, unless such materials are not matters of public record.

12.00 The Client agrees that William D. Hamker may associate other attorneys to help him on this matter. The Client acknowledges and agrees that any fee or claim to an associated attorney shall be paid out of the attorneys fees portion of the recovery; and that in no event shall the attorneys fee portion increase by reason of the association of another attorney.

13.00 The Attorney makes no representations or guarantees regarding the tax consequences of any recovery obtained on behalf of the Client.

14.00 This contract is performable in Potter County, Texas and contains all the agreements of the parties to it.

15.00 The Client acknowledges that the Attorney has made NO GUARANTEE regarding the successful resolution of said cause of action, and all expressions relative thereto are matters of Attorney's opinion only and shall not be considered as express or implied warranties of the Claim's outcome.

SIGNED this the 15 day of February, 2019.


CLIENT

1106 NW 20th AVE. APTA. TX 79107

ADDRESS


ATTORNEY, WILLIAM D. HAMKER

Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 2

*Crash Date (MM/DD/YYYY) 02 / 11 / 2019												*Crash Time (24HRMM) 1 1 5 3			Case ID 19-025542				Local Use							
*County Name RANDALL												*City Name AMARILLO							<input type="checkbox"/> Outside City Limit							
In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												Latitude (decimal degrees)			Longitude (decimal degrees)											
ROAD ON WHICH CRASH OCCURRED																										
*1 Rdwy. LR Sys.			*Hwy. Num.			2 Rdwy. Part 1		Block Num. 4100		3 Street Prefix SW		Street Name 45TH		4 Street Suffix AVE												
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input type="checkbox"/> Toll Road/ Toll Lane			Speed Limit		Const. Zone		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Present		Workers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Street Desc.		AMARILLO CERTIFIED												
INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																										
At <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 1 Rdwy. LR Sys.			Hwy. Num.			2. Rdwy. Part 1		Block Num. 4500		3 Street Prefix S		Street Name WESTERN		5 Street Suffix ST												
Distance from Int. or Ref. Marker 300			<input checked="" type="checkbox"/> FT <input type="checkbox"/> MI			3 Dir. from Int. or Ref. Marker E		Reference Marker		Street Desc.				CITY OF AMARILLO												
Unit Num. 1		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State UN		LP Num.		VIN 0 2 0 6 2 7 8														
Veh. Year		6. Veh. Color WHI		Veh. OTHER (EXPLAIN IN Make NARRATIVE)				Veh. OTHER (EXPLAIN IN Model NARRATIVE)				7 Body Style 98		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 21846852		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 5 / 3 0 / 1 9 8 5														
Address (Street, City, State, ZIP) 1705 S JACKSON ST AMARILLO, TX 79102																										
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity														
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec	Alc. Result	23 Drug Spec	24 Drug Result	25 Drug Category	
1	1	1	BUSH, JESSICA RAYE										N	33	W	2	1	1	97	97	N	96		96	97	97
												Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.														
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Name & Address UNITED STATES POSTAL SERVICE, 5000 S WESTERN ST AMARILLO, TX 79110																								
<input type="checkbox"/> Lessee		Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired 26 Fin. Fl. Resp. Name										Fin. Resp. Num.														
<input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt		Fin. Resp. Resp. Type																								
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 8 - L P - 2										27 Vehicle Damage Rating 2 - - - -												<input type="checkbox"/> Yes Vehicle inventoried <input type="checkbox"/> No		
Towed By PRIVATE TOW												Towed To 5000 S. WESTERN														
Unit Num. 2		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State TX		LP Num. LSW4899		VIN 1 9 X F C 1 F 3 9 G E 0 2 6 5 7 4														
Veh. Year 2 0 1 6		6. Veh. Color BLU		Veh. Make HONDA				Veh. Model CIVIC				7 Body Style P4		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type 1		DL/ID State TX		DL/ID Num. 37588803		9 DL Class C		10 CDL End. 96		11 DL Rest. 96		DOB (MM/DD/YYYY) 0 3 / 0 3 / 1 9 9 5														
Address (Street, City, State, ZIP) 1106 NW 20th AVE AMARILLO, TX 79107																										
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line												14 Injury Severity														
Person Num.	12 Psn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec	Alc. Result	23 Drug Spec	24 Drug Result	25 Drug Category	
1	1	1	BOLDEN, CRESTON VERA										N	23	B	2	1	1	2	97	N	96		96	97	97
												Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.														
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee		Name & Address BOLDEN, CHARISS JANEE, 1106 NW 20th AVE AMARILLO, TX 79107																								
<input type="checkbox"/> Lessee		Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired 26 Fin. Fl. Resp. Name										Fin. Resp. Num.														
<input type="checkbox"/> No <input checked="" type="checkbox"/> Exempt		Fin. Resp. Resp. Type																								
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1 1 - F R - 3										27 Vehicle Damage Rating 2 - - - -												<input type="checkbox"/> Yes Vehicle inventoried <input type="checkbox"/> No		
Towed By Competition Towing												Towed To 8409 I40 E, Ama, TX 79118 373-5858														

Law Enforcement and TxDot Use Only
Form CR-3 (Rev. 1/1/2018)Case
ID 19-0:TxDot
Crash ID 16893653.2/1

154745

DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)					
CHARGES	Unit Num.	Prsn. Num.	Charge								Citation/Reference Num.					
	1	1	Failed To Yield At Yield Intersection								12021626					
CMV	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address							
FACTORS & CONDITIONS	Unit Num.	<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling	<input type="checkbox"/> Yes	28 Veh.	29 Carrier ID Type	Carrier ID Num.							
	Carrier's Corp. Name		Carrier's Primary Addr.										30 Veh. Type			
	31 Bus Type	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR			HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.	HazMat ID Num.	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type					
	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR			34 Trlr. Type	CMV Disabling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Sequence Of Events	35 Seq. 1	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping	<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight	Total Num. Axles							
	36 Contributing Factors (Investigator's Opinion)					37 Vehicle Defects (Investigator's Opinion)					Environmental and Roadway Conditions					
	Unit #	Contributing		May Have Contrib.		Contributing		May Have Contrib.		38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	39								2	1	98	1	1	1	9
	NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets If Necessary)								Field Diagram - Not to Scale						
		<p>UNIT 1 IS A USPS MAIL CARRIER VEHICLE. IT WAS IN THE 4100 BLOCK OF SW 45TH ON THE NORTH SIDE OF THE ROAD. IT WAS DRIVING WB ON AN ACCESS ROAD STYLE STREET, WITH A YIELD SIGN TO YIELD TO WB TRAFFIC. UNIT 2 WAS WB IN THE INSIDE LANE OF THE SAME BLOCK NUMBER. UNIT 1 FTYROW-YIELD SIGN CAUSING THE FR OF UNIT 2 TO STRIKE THE LP OF UNIT 1.</p>														
INVESTIGATOR	Time Notified (24HR:MM)	1	1	5	4	How Notified/Dispatched		Time Arrived (24HRMM)	1	2	0	7	Report Date (MM/DD/YYYY)	02/19/2019		
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)		JONES, STEVEN C								ID Num.	1443		
	ORI Num.	T	X	1	8	8	0	1	0	0	*Agency AMARILLO POLICE DEPARTMENT			Service/Region/DA	5	4



